

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: AMERICAN HOUSE OF RIPON (0009555)

Address: 230 WATSON ST, RIPON, WI 54971

License Status: REGULAR

Licensed/Certified/Registered 09/01/2002

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096633 **End Date:** 03/22/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094645 **End Date:** 04/11/2005 **Type:** STANDARD **Purpose:** SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007145 Served 05/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(w)	SAFE ENVIRONMENT	03/22/2006	Yes
83.41(5)(d)2	HOT WATER TEMPERATURES	03/22/2006	Yes
83.41(9)	CLEANLINESS OF ROOMS	03/22/2006	Yes

Survey ID: 0092874 **End Date:** 06/22/2004 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006981 Served 07/09/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(14)(a)	POSTINGS OF CITATIONS AND NOTICES	04/07/2005	Yes
83.33(3)(f)2	REASSESSED QUARTERLY FOR MEDICATION	04/07/2005	Yes

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Survey ID: 0090878 **End Date:** 07/02/2003 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10006887 Served 08/30/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(c)	TELEPHONE CALLS	06/22/2004	Yes
83.21(4)(d)	VISITS	06/22/2004	Yes
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/22/2004	Yes
83.21(4)(u)	LEAST RESTRICTIVE CONDITIONS	06/22/2004	Yes
83.21(5)(a)3	COERCION IS PROHIBITED	06/22/2004	Yes
83.33(3)(e)2.b	INJECTIONS	06/22/2004	Yes

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Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 04/29/2005 SOD #10007145 Appealed: Yes Decision: STIPULATION

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(p)

FORFEITURE---83.41(5)(d)2

Date: 08/29/2003 SOD #10006887 Appealed: Yes Decision: STIPULATION

Sanctions

PROVIDE TRAINING

FORFEITURE---83.21(4)(p)

FORFEITURE---83.21(4)(u)

FORFEITURE---83.21(5)(a)3

Date: 06/06/2003 SOD #10006239 Appealed: Yes Decision: WITHDRAWNDO NOT USE**

Sanctions

FORFEITURE---83.21(4)(o)

FORFEITURE---83.21(4)(p)

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Provider Inspection Summary

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Community Based Residential Facility
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Complaint History

Date Complaint Received: 09/07/2005

Date Investigation Completed: 03/22/2006

Subject Area(s)

SUPERVISION
RESIDENT RIGHTS
RESIDENT BEHAVIOR/FACILITY PRACTICE
STAFF TRAINING AND PROFICIENCY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/25/2003

Date Investigation Completed: 06/24/2004

Subject Area(s)

SUPERVISION
RESIDENT BEHAVIOR/FACILITY PRACTICE
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
STAFF ADEQUACY

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/09/2003

Date Investigation Completed: 06/24/2004

Subject Area(s)

RESIDENT RIGHTS
ABUSE
PHYSICAL PLANTS & SAFETY HAZARDS
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 07/03/2003

Date Investigation Completed: 06/24/2004

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS
NUTRITION & FOOD SERVICES
MEDICATIONS
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

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